

# PROOF OF SERVICE

By Neal G. Benson Plaintiff  
Covering Case Number C07 03476 RMW Filed Nov. 25, 2007

Cambrian Park Station  
San Jose, California  
951249998

0568370008 -0094  
7/2007 (800)275-8777 10:22:19 AM

Product Description	Sale Qty	Unit Price	Final Price
FRANCISCO CA 94104			\$0.41
1 First-Class			
10 oz.			
Return Rcpt (Green Card)			\$2.15
Certified			\$2.65
Label #:	70071490000220076470		
Issue PVI:			\$5.21
SAN JOSE CA 95112			\$0.41
1 First-Class			
10 oz.			
Return Rcpt (Green Card)			\$2.15
Certified			\$2.65
Label #:	70071490000220076463		
Issue PVI:			\$5.21
Total:			\$10.42

Paid by:  
Debit Card \$30.42  
Account #: XXXXXXXXXXXX0557  
Approval #: 760840  
Transaction #: 586  
23 903460673  
Receipt #: 013784  
Debit Card Purchase \$10.42  
Cash Back \$20.00

der stamps at USPS.com/shop or call  
800-Stamp24. Go to USPS.com/clickship  
to print shipping labels with postage.  
For other information call 1-800-ASK-USPS.

11#: 1000602002577  
erk: 22

All sales final on stamps and postage.  
Refunds for guaranteed services only.  
Thank you for your business.

\*\*\*\*\*  
\*\*\*\*\*

HELP US SERVE YOU BETTER

Go to: <http://www.gallup.com/pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

YOUR OPINION COUNTS

\*\*\*\*\*

## U.S. Postal Service CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	4	Postmark Here
Certified Fee		NOV 2007	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	4.00	
Sent To			
MICHEAL C. SERVERIAN, SBN 133203			
Street, Apt. No., or PO Box No. RANKIN, LANDSNESS, LAHDE, SERVERIAN			
City, State, ZIP+4 96 NORTH THIRD STREET, SUITE 500			
SAN JOSE, CA. 95112			

PS Form 3800, August 2006

See Reverse for Instructions

## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	25.26	Postmark Here
Certified Fee		NOV 2007	
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	25.26	
Sent To			
PEGGY S. DOYLE, SBN 176403			
Street, Apt. No., or PO Box No. LEWIS BRISBON-BISONARD & SMITH LLP			
City, State, ZIP+4 ONE SAMSOME STREET SUITE 1400			
SAN FRANCISCO, CA. 94104			

PS Form 3800, August 2006

See Reverse for Instructions

# PROOF OF SERVICE

12/20/07

By Neal G. Benson Plainiff **ADR #9**  
 Covering Case Number C07 03476 RMW Filed Nov. 25, 2007

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PEGGY S. DOYLE, SBN 176403  
 LEWIS BRISBOIS BISGNARD  
 ONE SANSOME STREET SUITE 1400  
 SASN FRANCISCO, CA. 94104

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0002 2007 6470

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHEAL C. SERVERIAN, SBN 133203  
 RANKIN, LANDSNESS, LAHDE, SERVERIAN & S.  
 96 NORTH THIRD STREET, SUITE 500  
 SAN JOSE, CA. 95112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MICHEAL C. SERVERIAN

11/28

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0002 2007 6463

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540